APPLICATION FOR BUSINESS CREDIT

WITH

IMUNORE
669 Northwood Ave
Libby, MT 59923
Tel No. (406) 293-2898
Cell No. (406) 293-1998
Fax: (406) 293-2899

DATE:_____

==========BUSINESS INFORMATION-MUST BE COMPLETED ==========

Bill To:

NAME:_____

STREET ADDRESS:_____**PO BOX**_____

CITY:_____**STATE**:_____**ZIP**:_____

PHONE:_____**FAX**:_____**COUNTY:**_____

Ship To:

NAME:_____

STREET ADDRESS:_____

CITY:_____**STATE**:_____**ZIP**:_____

PHONE:_____**FAX**:_____**COUNTY:**_____

HOW LONG IN BUSINESS?_____ Years

DO YOU REQUIRE PURCHASE ORDER NUMBERS?_____

==========CREDIT REFERENCES==========

Please give addresses and phone numbers

NAME ADDRESS PHONE

Credit Reference: _____

Credit Reference: _____

Credit Reference: _____

BANK REFERENCE: _____

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TERMS AND CONDITIONS

Applicant's signature attests financial responsibility of applicant's company, in addition to company's ability and willingness to pay for material supplied according to our credit terms which are due and payable 30 days from date of purchase. IMUNORE reserves the right to charge interest for invoices not paid according to these terms at the rate of 1 1/2% per month on the unpaid balance. IMUNORE also reserves the right to limit or terminate credit if account is not paid according to these terms and conditions.

GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only. Applicant further authorizes IMUNORE to obtain information about the undersigned, for the expressed use of establishing credit from any reporting agency and authorizes any named banks, financial institutes, or trade references to release such information.

APPLICANT'S SIGNATURE _____**TITLE**_____

PRINTED NAME _____